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|------------------------------------|---|---------------------|-------------------------------|---|
| <b>SERIAL NUMBER</b><br>10/795,877 | <b>FILING OR 371(c) DATE</b><br>03/08/2004<br><b>RULE</b> | <b>CLASS</b><br>370 | <b>GROUP ART UNIT</b><br>2617 | <b>ATTORNEY DOCKET NO.</b><br>250908-1210 |
|------------------------------------|---|---------------------|-------------------------------|---|

## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/526,622 12/03/2003 OK, R

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

none, R

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

08/13/2004

|   |                            |                     |                    |                         |
|---|----------------------------|---------------------|--------------------|-------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR COUNTRY<br>TAIWAN | SHEETS DRAWING<br>6 | TOTAL CLAIMS<br>14 | INDEPENDENT CLAIMS<br>2 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                            |                     |                    |                         |
| Verified and Acknowledged<br>Examiner's Signature: <i>Contee</i> Initials: <i>Contee</i>  |                            |                     |                    |                         |

## ADDRESS

24504

## TITLE

System and method for data communication handoff across heterogeneous wireless networks

|                                   |   |   |
|-----------------------------------|---|---|
| <b>FILING FEE RECEIVED</b><br>770 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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